State of California Department of Consumer Affairs

MEDICAL BOARD OF CALIFORNIA
BOARD OF PODIATRIC MEDICINE
1420 HOWE AVENUE, SUITE 8, SACRAMENTO, CA 95825-3229
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www.dca.ca.gov/bpm

Expert Reviewer/Examination Commissioner Application

Name: _____ License #: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail_____

1. Do you wish to serve as an: [ ] Exam commissioner [ ] Expert reviewer [ ] Both

2. Do you have prior expert witness experience? [ ] yes [ ] no

3. Do you have prior peer review experience? [ ] yes [ ] no

4. Have you served as an examiner for:

   [ ] American Board of Podiatric Surgery
   [ ] American Board of Podiatric Orthopedic & Primary Podiatric Medicine
   [ ] Another state licensing board:_____
   [ ] Another organization:_____

5. Did you complete an approved residency program? [ ] yes [ ] no If so, please check which:

   [ ] Rotating Podiatric Residency (RPR)
   [ ] Podiatric Orthopedic Residency (POR)
   [ ] Podiatric Surgical Residency – 12 months (PSR12)
   [ ] Podiatric Surgical Residency – 24 months (PSR24)
   [ ] Primary Podiatric Medical Residency

6. Please list the general acute care hospital facility(ies) where you have surgical staff privileges:
   _____
   _____

7. What percentage of your practice involves surgery?

[ ] none
[ ] less than 5%
[ ] 6 - 15%
[ ] 16 - 30%
[ ] 31 - 50%
[ ] more than 50%

8. What percentage of your practice involves ankle surgery?

[ ] none
[ ] less than 5%
[ ] 6 - 15%
[ ] 16 - 30%
[ ] 31 - 50%
[ ] more than 50%

9. Please list three DPMs practicing in California who we may contact as references.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

10. Please attach a curriculum vitae and return to BPM.

Signature_____ Date_____